BOROUGH OF WHITEHAVEN.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1900.

30, Church Street, Whitehaven,
14th February, 1901.

Gentlemen,

In my Annual Report for the year 1897 I estimated the population of the Borough at 20,000, and since that time have continued to use this estimate for reckoning the birth and death rates in my Monthly and Annual Reports. During the past year a portion of Preston Quarter, including the Workhouse, and a small portion of the Parish of Moresby, including Lonsdale Place, have been transferred from the Rural District to the Borough. I have not, however, on this account made any alteration in the estimated population, as it is impossible to ascertain to what extent the natural increase has been counteracted by emigration, and it seemed to me undesirable to make an alteration for one year, seeing that the figures obtained at the Census of 1901 will be available for my next Annual Report, so that it is on this estimated population of 20,000 that the birth-rate and the death-rates from different causes, and at various ages, have been calculated in this Report for the year 1900, which is the thirteenth

Annual Report I have made as Medical Officer of Health for the Urban District, and the seventh since the Incorporation of the Borough.

Four hundred and fifty-four deaths were registered in the Borough during the year, which is equivalent to a death-rate of 22·7 per thousand of estimated population per annum, or 3·57 above the average of 19·13 for the preceding ten years. This, however, is reckoning the total number of deaths registered during the year, which includes the deaths of "non-residents" as they are called in the tables of the Local Government Board, that is "persons brought into the district on account of illness and dying there," of whom there were twenty-two during the year against an average of 6·9 for the previous ten years, the increase being due partly to a larger number of deaths than usual amongst "non-residents" in the Infirmary, and partly to the inclusion during nine months of the year of the Workhouse within the Borough. Making allowance for these, the actual nett death-rate for the year was 21·6, or 2·84 above the average of 18·76 per thousand per annum for the previous ten years.

One hundred and eight deaths were those of infants under one year of age, which is equivalent to an infantile death-rate of 5·4 per thousand per annum, or 0·87 above the average of 4·53 for the preceding ten years.

There were two hundred and nineteen deaths of children under five years of age—including the one hundred and eight deaths of infants above mentioned—which is equivalent to a death-rate of 10·95 per thousand per annum, and is 3·41 above the average of 7·54 for the previous ten years.

Of persons over sixty-five years of age eighty deaths were registered, giving a Senile death-rate of 4 per thousand per annum, against an average of 2·76 per thousand per annum for the preceding eight years during which the Senile death-rate has been reckoned on persons over sixty-five years of age, instead of persons over sixty years of age as previously.

From the eight principal Zymotic diseases shewn in Table VI., one hundred and ten deaths occurred during the year, giving a Zymotic death-rate of 5·5 per thousand per annum, which is 3·42 above the average of 2·08 per thousand per annum for the preceding ten years.

The number of births registered during the year was six hundred—three hundred and twenty boys and two hundred and eighty girls—which is equivalent to a birth-rate of 30 per thousand of estimated population per annum, against an average of 31·59 per thousand per annum for the preceding ten years.

The number of deaths of infants under one year of age being, as stated above, one hundred and eight, gives an infantile death-rate of 180 per thousand births registered in 1900, an increase of 37·61 as compared with the average of 142·39 for the preceding ten years.

These figures shew, then, an increase in the general death-rate, in the infantile death-rate, in the death-rate of children under five years of age, and in the Zymotic death-rate, the increase in each case being due mainly to the large number of deaths of children from Measles. This disease caused during the year one hundred and four deaths—twenty-seven of infants under one year, seventy-five between one and five years, and two between five and seven years of age. How serious is the loss of life during an epidemic of Measles is seen by comparing the deaths and death-rate from this disease with the general death-rate during the same period. Thus, the total number of deaths from all causes during the year, excluding "non-residents," was four hundred and thirty-two, or 21·6 per thousand, whilst, if we omit the deaths from Measles, the remaining deaths from all causes, and at all ages, numbered three hundred and twenty-eight, or 16·4 per thousand, whilst the one hundred and four deaths from Measles represent a death-rate of 5·2 per thousand from this disease alone. In other words, Measles alone caused upwards of twenty-four per cent. of all the deaths during the year.

At the request of the Local Government Board I made a report, under date 11th September, 1900, in which I gave a detailed account of the origin and progress of the epidemic, the circumstances of which I had previously reported to the Street and Sanitary Committee from time to time as they occurred, so that it is unnecessary to recapitulate them here further than to remark that the closing of the schools seemed to have very little effect in checking the spread of the disease. This is in accordance with frequent experience in towns where the children are not brought together in school from remote districts as in country places, but mix as freely when at play as in school. Nevertheless, I think the closing of the schools is often a proper precaution to take even under the less favourable conditions of town life, for it seems to me that children ought not to be compelled to attend schools where we know that their chance of escaping the disease is practically *nil*; and when the closing can be effected early enough some good is at least possible. But it is in this early stage of an outbreak that it is so often difficult or impossible to obtain the necessary information of the occurrence of cases from those who alone are in a position to give it. It will be remembered that in February last, before any cases had occurred in the Borough, I warned the Street and Sanitary Committee of the prevalence of the disease in neighbouring districts, and in view of its probable introduction into the Borough the Committee requested the authorities of the different Elementary Schools and the School Attendance Committee to co-operate with them by giving early intimation of actual or suspected cases. This co-operation was not as freely given as might have been expected—the schoolmaster being too often averse to reporting cases until the absentees become so numerous as to seriously threaten the grant, and the School Attendance Officer considering that it is no part of his duty to report to the Sanitary Committee even when, as in the present case, suitable forms are provided in order to facilitate his giving, with a minimum of trouble, the most useful information which is, or ought to be, obtained by him in the execution of his ordinary duties.

The last epidemic of Measles that occurred in the Borough was in 1895 when there were one hundred and seventeen deaths, and in my Annual Report for that year, as well as in the special report made by me at the request of the Local Government Board, I pointed out that "the disease had existed amongst children attending school in the town for several weeks before being reported, and it was only when the attendance became so seriously affected as to threaten to materially diminish the school revenue that an intimation was made to the Sanitary Authority."

With the exception of Measles the Borough has been more than usually free from infectious disease during the year, only twenty-nine cases in all being notified under the "Infectious Disease (Notification) Act," which is less than half the number notified in any year since the Act came into force in 1890, whilst it has in several years been between one and two hundred, and in 1896 reached its highest total of three hundred and ten cases.

Two cases of Smallpox were notified during the year, and are perhaps worthy of remark. In the first case the patient, a child aged two years and a half, had not been vaccinated on account of ill-health from birth, and was, therefore, fully susceptible. It was removed to the Hospital at Bransty, and, though the attack was a very severe one, the child ultimately made a good recovery, and was discharged in nine weeks. The second case occurred in a child, aged eight months, which had been vaccinated when three months old, all the four insertions having "taken" and left good "marks." In this case, though the vaccination had not prevented the occurrence of Smallpox, its beneficial effect on the progress of the disease was very evident, for though the attack was ushered in by convulsions and other severe symptons, and the rash was at first extensive and well-marked the pocks did not "mature," the subsequent stages of the disease being much modified, and the patient was discharged in five weeks. In both cases all persons who had been in contact with the patients were re-vaccinated, the houses, bedding, and clothing were disinfected, and no further spread of the disease occurred.

Three cases of Enteric Fever were notified and removed to Hospital. Two cases of "Continued" Fever were also notified in houses in which isolation was impossible, and were removed to the Hospital at the request of their medical attendants as a precautionary measure in view of the possibility of their proving to be Enteric.

Two cases of Diphtheria were notified, and isolated at their own homes.

Of the eight cases of Scarlet Fever notified, four were removed to Hospital and four were isolated at home.

In all these cases the premises were visited, and instructions given to the persons responsible for the care of the patients, and where necessary disinfectants were supplied by the Sanitary Inspector who personally attended all removals to Hospital, and fumigated the houses on the removal or recovery of the patients, such of the bedding and clothing as could not be efficiently disinfected at home being taken to Bransty Hospital and disinfected in the apparatus there. No spread of the disease occurred in any case. Of the eleven cases admitted to Hospital ten made good recoveries. One case of Enteric Fever, which was in an advanced stage before notification, terminated fatally from heart failure four days after admission.

The remaining cases notified were twelve of Erysipelas which, it is generally admitted, ought not be included in the list of diseases notifiable under the Act, many of the cases notified being of a trivial character, and few, if any, having any relation to sanitary conditions. The Sanitary Inspector, however, in each case visits the premises to ascertain whether any insanitary condition exists.

At the end of the year the Borough was free from Zymotic disease, the three patients remaining in Hospital being convalescent, and no other cases, except three of Erysipelas, having been notified since October.

In my Annual Report for 1899 I referred to the precautions taken in view of the possible introduction of Plague by sea. During the past year all ships from foreign ports, and many from home ports, have been inspected by the Sanitary Inspector. I have myself examined the crews of all foreign ships from ports where any cases of Plague have occurred, or from any country in which the disease was believed to have occurred, and during the period of the existence of the disease in Glasgow I inspected the crews of all ships from that port. I found some cases of sickness during these inspections, including two of Beri-beri on a barque from Rosario, but no case of an infectious character.

All parts of the Borough have been regularly inspected during the year by the Sanitary Inspector and myself, and I append a summary of the sanitary defects discovered and remedied, but in addition to these many minor defects were attended to on verbal notice.

During the year the Street and Sanitary Committee have had under consideration a large number of properties which were insufficiently provided with w. c. accommodation, and the owners have had notice to build additional w.c.'s. In a large number of cases the notices have been complied with, many cases are still pending, and in some cases where the houses themselves were otherwise defective they have been closed.

The cases in which houses have been closed owing to imperfect ventilation, or other structural defects, serve to illustrate the initial difficulty met with in any comprehensive attempt to improve the dwellings of the working classes in Whitehaven. Even, in the comparatively small number of cases that have occurred, the displaced tenants have found it almost impossible to obtain elsewhere accommodation suitable to their requirements and their means, and if any more sweeping measures were adopted for closing the worst class of property without first providing fresh dwellings the remedy would, I fear, be worse than the disease by causing the remaining houses, scarcely, if at all, better than those closed, to be still more overcrowded. There is,

I think, a good deal of misconception in this matter, and confusion between property which is actually insanitary or dangerous to the health of the inhabitants, and that which is merely in a state of unsightly disrepair. The most insanitary dwellings in Whitehaven are those in our courts and passages which, in many cases, are badly lighted, ill-ventilated, unprovided with proper sanitary conveniences, and hemmed in on all sides by buildings as high, or higher than themselves. These houses have, for the most part, been built in consequence of the difficulty of obtaining land for building purposes in the past on suitable terms, everyone who had a bit of garden or uncovered yard space being tempted by the demand for cottage property to utilise every available inch of ground for the erection of one or more cottages with a view of producing rent, totally regardless of what were considered the needless luxuries of air-space or ventilation. The result is that, not in one place but all over the town, houses of this kind are to be found without any air-space of their own, and hopelessly bad in situation. The excellent system of sewerage, provided at a time when it seemed to be the object of architects, and others concerned in the provision of house accommodation, to keep everything in the way of sanitary conveniences as much out of sight as possible, has led to w.c.'s being erected in cellars, under staircases, in cupboards and recesses in kitchens and living rooms, and every conceivable and unsuitable place, their idea being, apparently, that so long as an outlet was got into the public sewer no further trouble need be taken, and that flushing and ventilation of the sewers might be left to take care of themselves. The remedy for this state of things is not to be found in the wholesale closing of houses as unfit for human habitation, but in the provision of healthy well-ventilated cottage property, at a moderate rent, outside the already overcrowded area. If this could be done the better class of workmen would, I am convinced, readily avail themselves of the better conditions, and it would then be possible to keep on closing the poorest kind of houses step by step, and perhaps, ultimately to get rid altogether of back-to-back houses in narrow courts, and similar unhealthy dwellings, but this can never be done by the simple process of closing a

number of houses by legal proceedings, and driving the inhabitants to take refuge in some other already overcrowded and equally unhealthly locality.

Nor can improvement be attained by pulling down existing houses in order to build others on the same site, for it is the site that is chiefly at fault in most cases, too many houses being built on an inadequate space. In June, 1899, I reported, at the request of the Street and Sanitary Committee, on the district of Mount Pleasant, to which it had been supposed that an improvement scheme would be specially suitable. In that report, after pointing out the sanitary defects discovered, I expressed the opinion that "these defects can not be effectually remedied otherwise than by an improvement scheme for the re-arrangement and re-construction of the streets and houses within the area referred to." When, however, the question of providing improved dwellings on the same site came to be considered it proved, as I expected, impracticable, because the site itself is unsuitable for anything like the number of houses that now exist there, and consequently the cost of the scheme would have been out of all proportion to the revenue obtainable from the limited number of houses that could be substituted.

In what I have said I do not wish to appear to condemn, in unqualified terms, the sanitary condition of the Borough, or to share the panic of those who have suddenly awakened to the existence of some sanitary defects in the houses of the working classes. Whitehaven will, even in this respect, bear favourable comparison with most old towns, whilst its sewerage system is an excellent one, and its public water supply second to none, either in abundance or purity, as I have pointed out in previous Annual Reports. But at the present time there is an inclination to attach special importance to this matter of housing of the working classes, and the opportunity seemed favourable for stating plainly our position and indicating what, in my opinion, is the direction which any attempt at improvement must take if it is to be successful.

Two matters to which I called attention in my last Annual Report still await attention. The more important of these is the want of a Public Slaughter House. I do not think I need add anything to what I then said, except that during the past year the want has been as severely felt as ever. Three carcases of beef and one of a pig were condemned by me as unfit for food, and in several other cases that I was called upon to examine I directed that portions of the carcases should be destroyed, but it would be affectation to profess that these cases represent all the diseased meat introduced during the year. The Inspector exercises all the vigilance that is possible, under existing circumstances, to prevent unsound meat being put upon the market, but it is beyond the power of any Inspector to watch upwards of a dozen places in which animals are killed for human food in different parts of the Borough, to say nothing of carcases surreptitiously introduced from outside.

The other matter referred to is the want of a Public Mortuary. The committee appointed to deal with this subject made some enquiries, but so far no practical steps have been taken. The difficulty arose, I believe, chiefly on the question of the rent to be paid to the Harbour Commissioners for the proposed site, but this should not be impossible of satisfactory settlement.

I am, Gentlemen,

Yours obediently,

J. B. FISHER,

Medical Officer of Health.

TABLE I.—BIRTHS IN BOROUGH IN 1900.

Number of Births.	Birth-rate per 1000 per annum.
600	30

COMPARISON WITH TEN PREVIOUS YEARS.

1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
35·50	34·88	33·98	29·00	28·47	33·73	32·78	27·95	30·7	29	30

TABLE II.—DEATHS AT ALL AGES.

Number of Deaths.	Death-rate.
454	22·7

COMPARISON WITH TEN PREVIOUS YEARS.

1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
19·44	26·34	16·79	18·77	12·94	26·84	19·36	15·7	18·4	16·70	22·7

TABLE III.—DEATHS UNDER ONE YEAR OF AGE.

Number of Deaths.	Death-rate per 1000 of population per annum.	Infant death-rate per 1000 Births Registered.
108	5·4	180

COMPARISON WITH TEN PREVIOUS YEARS.

	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
Per 1000 of estimated Population.	4·11	6·34	4·60	4.22	2·57	6·26	4·52	3·35	5·1	4·20	5·4
Per 1000 Births Registered.	115·8	181·96	135·53	145·59	90·57	185·64	138·04	119·85	166·12	144·83	180

TABLE IV.—DEATHS UNDER FIVE YEARS OF AGE.

Number of Deaths.	Death-rate.
219	10·95

COMPARISON WITH TEN PREVIOUS YEARS.

1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899	1900.
6·38	11·23	0·57	7·11	3·57	13·73	7·57	5·65	7·7	5·00	10·95

TABLE V.—DEATHS OF PERSONS OVER SIXTY-FIVE YEARS OF AGE.

Number of Deaths.	Death-rate.
80	4

COMPARISON WITH EIGHT PREVIOUS YEARS.

1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
3·65	3·72	2·89	4·21	3·94	2·5	3·7	3	4

TABLE VI.—DEATHS FROM EIGHT PRINCIPAL ZYMOTIC DISEASES IN 1900.

Smallpox	—
Measles	104
Scarlet Fever	—
Diphtheria	—
Whooping Cough	3
Typhus Fever	—
Enteric Fever	1
Diarrhœa	2
Total Number of Zymotic Deaths	110
Zymotic Death-rate per 1000 per annum	5·5

COMPARISON WITH TEN PREVIOUS YEARS.

1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
1·11	3·03	0·56	2·05	0·42	6·52	2·21	1·2	1·7	2	5·5

TABLE VII.—OTHER CHIEF CAUSES OF DEATH IN 1900.

Erysipelas	1
Enteritis	6
Phthisis	21
Other Tubercular Diseases	15
Cancer—Malignant Disease	15
Bronchitis	60
Pneumonia	24
Other Diseases of Respiratory Organs	2
Alcoholism—Cirrhosis of Liver	5
Premature Birth	6
Diseases and Accidents of Parturition	4
Heart Disease	26
Accidents	19
All other causes	140
	344
Eight Zymotic Diseases, as above	110
Total Deaths in 1900	454

TABLE VIII.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR, 1900.

Notifiable Disease.	Cases Notified in Whole District.						No. of Cases removed to Hospital
	At all Ages.	Ages.					
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	
Smallpox ...	2	1	1	...	...	...	2
Cholera ...	...	...	...	...	...	...	...
Diphtheria ...	2	..	2	...	...	...	...
Memb'nous Croup	..	...	...	...	..	..	...
Erysipelas ...	12	4	...	1	1	6	...
Scarlet Fever ...	8	...	2	3	1	2	4
Typhus Fever .	...	...	...	...	...	...	..
Enteric Fever ...	3	...	...	1	1	1	3
Relapsing Fever	...	...	...	...	...	...	...
Continued Fever	2	.	...	...	1	1	2
Puerperal Fever	...	...	...	...	..	...	...
Plague	...	...	...	...	...	...	...
Total ...	29	5	5	5	4	10	11

Bransty Hospital for Infectious Diseases is situated within the Borough.

TABLE IX.—FOR WHOLE DISTRICT.

Year.	Population estimat'd to Middle of each Year.	Births.		Deaths under One Year of age.		Deaths at all Ages. Total.		Deaths in Public Institutions.	Deaths of Non-resid'nts registered in District.	Deaths of Residents registered beyond District.	Deaths at all Ages. Nett.	
		No.	Rate. *	No.	Rate per 1,000 Births regist'd	No.	Rate. *				No.	Rate. *
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1890.	18,000	639	35·5	74	115·8	350	19·44	12	6	...	344	19·11
1891.	17,812	621	34·88	113	181·96	469	26·34	20	11	..	458	25·71
1892.	17,800	605	33·98	82	135·53	299	16·79	7	5	...	294	16·51
1893.	18,000	522	29	76	145·59	338	18·77	20	13	...	325	18·05
1894.	19,000	541	28·47	49	90·57	246	12·94	14	5	...	241	12·68
1895.	19,000	641	33·73	119	185·64	510	26·84	16	3	...	507	26·68
1896.	19,000	623	32·78	86	138·04	368	19·36	16	10	..	358	18·84
1897.	20,000	559	27·95	67	119·85	314	15·7	16	6	...	308	15·4
1898.	20,000	614	30·7	102	166·12	368	18·4	12	4	...	364	18·2
1899.	20,000	580	29	84	144·83	334	16·7	15	6	...	328	16·4
Averages for years 1890-1899	18,861·2	594·5	31·599	85·2	142·393	359·6	19·128	14·8	6·9	..	352·7	18·758
1900.	20,000	600	30	108	180	454	22·7	48	22	...	432	21·6

* Rates calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of illness, and dying there; and by the term "Residents" is meant persons who have been taken out of the district on account of illness, and have died elsewhere.

Area of District in Acres	1,743
Total Population, at all ages, at Census of 1891	19,236
Number of Inhabited Houses	3,756
Average Number of Persons per house	5·12

TABLE X.—CAUSES OF, AND AGES AT, DEATH DURING YEAR 1900.

Causes of Death.	Deaths at subjoined Ages.							
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Deaths in Public Institutions.
Smallpox	...	...	..	...	..	...	...	...
Measles	104	27	75	2	...	...	...	1
Scarlet Fever	...	...	...	...	..	...	...	...
Whooping Cough ...	3	2	1	...	...	...	...	...
Diphtheria and Membranous Croup... ...	...	...	..	...	...	...	...	...
Croup	...	...	..	...	...	...	..	...
Fever — Typhus	...	...	..	...	.	...	...	...
Fever — Enteric	1	...	...	...	1	...	...	1
Fever — Other continued	...	...	...	...	...	..	...	...
Epidemic Influenza ...	...	..	...	...	...	...	...	...
Cholera	...	...	..	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...
Diarrhœa	2	1	1	...	..	...	...	...
Enteritis	6	4	1	..	..	1	...	...
Puerperal Fever . ..	...	...	...	...	...	...	...	...
Erysipelas	1	...	...	1	...	...	...	...
Other Septic Diseases ...	...	..	...	...	..	...	..	...
Phthisis	19	..	..	1	6	12	...	2
Other Tubercular Diseases	15	9	4	1	1	...	...	...
Cancer, Malignant Disease	13	...	...	...	...	9	4	3
Bronchitis...	58	12	8	4	...	19	15	4
Pneumonia	24	7	9	1	1	4	2	...
Pleurisy	...	...	...	...	...	...	...	...
Other Diseases of Respiratory Organs ...	2	...	...	...	...	2	...	...
Alcoholism / Cirrhosis of Liver ...	5	...	...	..	...	4	1	...
Venereal Diseases ...	...	...	...	...	...	...	...	...
Premature Birth ...	6	6	...	...	...	...	...	...
Diseases and Accidents of parturition	4	...	...	...	..	4	...	...
Heart Diseases	26	...	...	3	...	12	11	3
Accidents	12	...	...	3	1	6	2	6
Suicides	...	...	...	..	...	..	...	...
All other causes	131	40	10	3	6	30	42	8
All causes	432	108	109	19	16	103	77	28

Note.—The Deaths of "Non-residents" occurring in the Borough are not included in this Table.

SUMMARY OF SANITARY INSPECTOR'S REPORT FOR 1900.

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Number of New W.C.'s provided	95
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Number of Ships Inspected	152

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